

February 16, 1994

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs," Part III, "Dietetic Service," Chapter 1, "Dietetic Service."

2. Principal changes are:

- (a) Paragraph 1.02: Defines the scope of dietetic services.
- (b) Paragraph 1.03: Defines organization elements.
- (c) Paragraph 1.04: Contains Dietetic Service goals.
- (d) Paragraph 1.05: Contains quality assessment and improvement requirements.

3. Filing Instructions

Remove pages

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Insert pages

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1-i through 1-3
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6-i

4. Rescission: M-2, Part III, Chapter 1, and Change 1, dated March 8, 1982.

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John T. Farrar, M.D.
Acting Under Secretary for Health

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M-2, Part III
Chapter 1

M-2, Part III
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Department of
Veterans Affairs

CLINICAL PROGRAMS

Dietetic Service

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M-2, Part III
Chapter 1

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Washington DC 20420

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Department of Veterans Affairs, Veterans Health Administration manual M-2, "Clinical Programs," Part III, "Dietetic Service," is published for the compliance of all concerned.

Signed 2/16/94 by
John T. Farrar, M.D.
Acting Under Secretary for Health

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3. FOOD PRODUCTION AND SERVICE
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RESCISSIONS

This manual rescinds the following material:

Manuals

M-2, Part III, dated December 1, 1966, and changes 1 through 14

M10-4, part II, dated September 1, 1947

M-2, Part III, Chapter 1, and change 1, dated March 8, 1992

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RESCISSION

The following material is rescinded:

Manual

M-2, Part III, Chapter 1 dated March 8, 1982

CHAPTER 1. DIETETIC SERVICE

1.01 POLICY

a. The Dietetic Service is responsible for providing a comprehensive medical nutrition therapy program for eligible clients. The dietitian serves as an integral member of the health care team.

b. Dietetic Service provides and manages high quality medical nutrition therapy and food service to eligible clients, and functions as the nutrition expert in client care, education and research.

c. A professionally qualified registered dietitian directs the Dietetic Service in all health care facilities.

d. A nutrition clinic under the direction of a registered dietitian is established and should be located in or near ambulatory care units. Inpatient and outpatient medical nutrition care is coordinated to ensure continuity of care.

1.02 SCOPE

a. Dietetic Service provides a comprehensive medical Nutrition Therapy Program to eligible inpatient and outpatient clients in all treatment modalities. This includes:

(1) Initial screening and assessment of nutritional status and initiating appropriate nutrition intervention.

(2) Providing appropriate nutrition follow-up care and nutrition education for the client and/or caregiver. NOTE: Provision of such care requires close coordination between the Dietetic Service staff and members of the health care team.

b. The Chief, Dietetic Service, is responsible for:

(1) Planning, conducting and/or cooperating in nutrition related research studies.

(2) Providing nutritionally adequate and appetizing meals for clients presented in an attractive manner within budgetary allowances.

(3) Development and maintenance of state-of-the-art food production and service system by implementing investigative studies relative to equipment and processes in production, service and interservice operations.

(4) Education and training for staff and others;

(5) Resource management;

(6) Cost benefit and/or cost effectiveness studies;

(7) Personnel administration;

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(8) Effective equipment and space management; and

(9) A comprehensive quality management program geared toward improving client satisfaction and maintenance of established high quality standards.

1.03 ORGANIZATION

a. The Dietetic Service, is comprised of two major program areas, Clinical Nutrition and Administrative Dietetics. Medical centers with an approved Dietetic Internship may have an Education Section.

b. The Chief, Dietetic Service, is responsible to the medical center Associate/Assistant Director, or the Chief of Staff (COS) for the management of functional elements concerned with the planning, operation and direction of the Dietetic Service Program.

c. The Chief, Dietetic Service, in an independent outpatient clinic, is responsible to the COS or Director for proper conduct of all dietetic activities.

d. The Chief, Dietetic Service, in both medical centers and independent outpatient clinics will be professionally responsible to the COS for scientific and nutrition components of the dietetic activities.

e. Satellite clinics which are an extension of the Department of Veterans Affairs (VA) parent facility Dietetic Service and are governed by the same policies and procedures.

f. A current organizational and functional chart will be maintained.

1.04 GOALS

Dietetic Service goals are to:

a. Provide high quality comprehensive nutrition care including education, to help eligible clients achieve nutrition goals.

b. Manage resources, including funds, personnel, space and equipment, efficiently and effectively.

c. Practice the principles of continuous quality improvement throughout Dietetic Service operations.

d. Improve the nutrition care of eligible clients by participating in nutrition research.

e. Ensure effective dietetic input into health care delivery system educational programs for all levels of dietetic and other health care personnel.

f. Maximize the use of computer and other electronic technology to enhance information flow, communication and other decision-making processes.

g. Promote and support the VA mission in the community.

1.05 QUALITY ASSESSMENT AND IMPROVEMENT

a. The Chief, Dietetic Service, is responsible for the development and implementation of an ongoing improvement plan which includes a description of the

process used to assess and improve the quality of client care and services:

(1) The clinical and administrative process plan will describe the objectives, organization, scope and mechanisms for overseeing the effectiveness of monitoring, evaluation and improvement activities.

(2) The quality assessment and improvement plan is based on the following:

(a) The medical center and Dietetic Service can continuously improve the quality of client care by increasing the probability of desired client outcomes, including client satisfaction by assessing and improving those managerial, clinical, and administrative processes that most affect client outcomes.

(b) Processes are carried out by clinicians, managers or support personnel; or jointly by more than one of these groups.

(c) Whether carried out by one or more groups, the process must be coordinated and integrated.

(d) Most staff are motivated and competent to carry out the process well.

b. Dietetic Services expands their assessment and improvement activities by emphasizing the importance of the full series of interrelated processes that affect client outcomes. Quality assessment and improvement activities should be organized around the flow of client care;

(1) Focusing on how well the processes in which individuals participate are performed;

(2) How well the processes are coordinated and integrated; and

(3) How the processes can be improved.

c. Continuous quality improvement is always trying to find better ways to carry out processes, as well as initiating action when a pattern, trend or problem is identified; and integrating efforts to improve client outcomes.

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